

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME David Yerushalmi		TELEPHONE NUMBER (646) 262-0500	
DATE OF REQUEST 5/30/2024		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) dyerushalmi@americanfreedomlawcenter.org			
MAILING ADDRESS 2020 Pennsylvania Avenue NW, Suite 189				CITY, STATE, ZIP CODE Washington, D.C. 20006	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Sindie Bragg			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:22cv00049		CASE NAME Baby Doe, et al., v. Joshua Mast, et al.		JUDGE'S NAME Hon. Norman Moon	
DATE(S) OF PROCEEDING(S) 5/29/2024		TYPE OF PROCEEDING(S) Hearing		LOCATION OF PROCEEDING Courthouse-Charlottesville	
REQUEST IS FOR: (<i>Select one</i>) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>)					
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (<i>See Page 2 for descriptions of each service turnaround category.</i>)					
<input type="checkbox"/> Ordinary (30-Day)			<input checked="" type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 5/30/2024		SIGNATURE /s/ David Yerushalmi			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders or by clicking [here](#).

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.